

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/17/2022
NAME OF PROVIDER OR SUPPLIER ASTER PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 741 PARK EAST BLVD LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Residential Complaint IN00383708 completed on July 7, 2022.</p> <p>This visit was in conjunction with the Investigation of Residential Complaints IN00386570 and IN00387403.</p> <p>Complaint IN00383708 - Corrected.</p> <p>Complaint IN00386570 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00387403 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: August 17, 2022</p> <p>Facility number: 013045</p> <p>Residential Census: 104</p> <p>Aster Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00386570 and IN00387403.</p> <p>Quality review completed on August 26, 2022.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE